

County: Greenville

## Facility Type: Abortion Clinic

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
GREENVILLE WOMEN'S CLINIC PA	AB-0001 / 07/31/2009	1
1142 GROVE RD	Greenville / Corporation	
GREENVILLE, SC 29605	1142 GROVE RD	
CAMPBELL JR, THOMAS W PH#: 864-232-1584	GREENVILLE, SC 29605	
Fac. Cont. Email:No Fac Cont. email on record	GREENVILLE WOMEN'S CLINIC PA	

## Totals For Facility/License Type Abortion Clinic

Number of Activities/Facilities licensed:	1	Number Licensed Units	1
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County: Greenville

## Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
GREER ACTIVE DAY CENTER 736 S LINE ST EXT GREER, SC 29651 CHILDS, RHONDA PH#: 864-848-3003 Fac. Cont. Email:RCHILDS@ACTIVEDAY.COM	ADC-0125 / 10/31/2009 Greenville / Corporation 736 S LINE ST EXT GREER, SC 29651 ACTIVE SC TWO INC	40
Number of Participants		40
WEST GREENVILLE ACTIVE DAY CENTER 21 MCBETH ST GREENVILLE, SC 29611 WILES, TRACY PH#: 864-271-4211 Fac. Cont. Email:TWILES@ACTIVEDAY.COM	ADC-0236 / 03/31/2010 Greenville / Corporation 21 MCBETH ST GREENVILLE, SC 29611 ACSR INC	75
Number of Participants		75

## Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:  Number Licensed Units

## County: Greenville

## Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
CENTER FOR SPECIAL SURGERY LLC 209 PATEWOOD DR STE 300 GREENVILLE, SC 29615 RYAN, PETER PH#: 864-527-7700 Fac. Cont. Email:PRYAN@SYMBION.COM	ASF-0067 / 09/30/2009 Greenville / Ltd. Liability 209 PATEWOOD DR STE 300 GREENVILLE, SC 29615 CENTER FOR SPECIAL SURGERY LLC	2
Operating Rooms	2 Procedure Rooms	0 Endoscopy Rooms
CROSS CREEK SURGERY CENTER 9 DOCTORS DR, CROSS CREEK MEDICAL PLAZA GREENVILLE, SC 29605 WHITE, SUZANNE PH#: 864-455-8400 Fac. Cont. Email:GHSNET.GHS.ORG/	ASF-0019 / 02/28/2010 Greenville / District 9 DOCTOR'S DR, CROSS CREEK MEDICAL PLAZA GREENVILLE, SC 29605 GREENVILLE HOSPITAL SYSTEM	4
Operating Rooms	4 Procedure Rooms	0 Endoscopy Rooms
ENDOSCOPY CENTER OF THE UPSTATE 14 HAWTHORN PARK CT GREENVILLE, SC 29615 BAILEY, DEBORAH J PH#: 864-331-0364 Fac. Cont. Email:DBAILEY@UPSTATEENDOSCOPY.COM	ASF-0086 / 07/31/2009 Greenville / Ltd. Liability 14 HAWTHORN PARK CT GREENVILLE, SC 29615 GREENVILLE ASC LLC	3
Operating Rooms	0 Procedure Rooms	0 Endoscopy Rooms
GREENVILLE ENDOSCOPY CENTER AT PATEWOOD 200 PATEWOOD DR STE B 100 GREENVILLE, SC 29615 SWOYER, REBECCA K PH#: 864-232-7338 Fac. Cont. Email:RSWOYER@GASTROASSOCIATES.COM	ASF-0108 / 08/31/2009 Greenville / Corporation PO BOX 8555 GREENVILLE, SC 29604-8555 GREENVILLE ENDOSCOPY CENTER INC	3
Operating Rooms	0 Procedure Rooms	0 Endoscopy Rooms
GREENVILLE ENDOSCOPY CENTER INC 317 ST FRANCIS DR STE 150 GREENVILLE, SC 29601 SWOYER, REBECCA K PH#: 864-232-7338 Fac. Cont. Email:RSWOYS@AOL.COM	ASF-0027 / 02/28/2010 Greenville / Corporation PO BOX 8555 GREENVILLE, SC 29604-8555 GREENVILLE ENDOSCOPY CENTER INC	3
Operating Rooms	0 Procedure Rooms	0 Endoscopy Rooms
GREENVILLE HOSPITAL SYSTEM OUTPATIENT SURGERY CENTER-PATEWOOD 200 PATEWOOD DR GREENVILLE, SC 29615-0000 JONES, SCOTT PH#: 864-295-3067 Fac. Cont. Email:DAWN.GARRETT@HEALTHSOUTH.COM	ASF-0040 / 05/31/2009 Greenville / District PLANNING DEPT.-ISC 3RD FLOOR, 701 GROVE RD GREENVILLE, SC 29615 GREENVILLE HOSPITAL SYSTEM	8
Operating Rooms	6 Procedure Rooms	0 Endoscopy Rooms

County: Greenville

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
GREENVILLE SURGERY CENTER 5 MEMORIAL MEDICAL CT GREENVILLE, SC 29605 STILLS, DENISE PH#: Fac. Cont. Email: No Fac Cont. email on record	ASF-0017 / 06/30/2009 Greenville / Limited Liability Limited Partnership PO BOX 328497 BIRMINGHAM, AL 35238-2497 GREENVILLE SURGERY CENTER LP	4
Operating Rooms	4 Procedure Rooms	0 Endoscopy Rooms
JERVEY EYE CENTER 1 DOCTORS DR GREENVILLE, SC 29605 BERRIOS, CHERYL R PH#: 864-250-6487 Fac. Cont. Email: CBERRIOS@JERVEY.COM	ASF-0038 / 02/28/2010 Greenville / Ltd. Liability 1 DOCTORS DR GREENVILLE, SC 29605 JERVEY EYE GROUP LLC	6
Operating Rooms	3 Procedure Rooms	3 Endoscopy Rooms
UPSTATE SURGERY CENTER LLC 10 ENTERPRISE BLVD STE 109 GREENVILLE, SC 29615-3554 HUNTER, LAOLA M PH#: 864-458-7141 Fac. Cont. Email: MHUNTER@STFRANCISHEALTH.ORG	ASF-0050 / 09/30/2009 Greenville / Ltd. Liability 10 ENTERPRISE BLVD STE 109 GREENVILLE, SC 29615 UPSTATE SURGERY CENTER L L C	2
Operating Rooms	2 Procedure Rooms	0 Endoscopy Rooms

## Totals For Facility/License Type Ambulatory Surgery

Number of Activities/Facilities licensed: 
Number Licensed Units

County: Greenville

## Facility Type: Birthing Center

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BLESSED BIRTHS FAMILY WELLNESS AND BIRTH CENTER 23 MILLS AVE GREENVILLE, SC 29605 LELAND, AMY BETH PH#: 864-233-5513 Fac. Cont. Email: BABYCATCHER@BLESSEDBIRTHS.COM	BC-0003 / 08/31/2009 Greenville / Corporation 23 MILLS AVE GREENVILLE, SC 29605 BLESSED BIRTHS INC	2
CAROLINA BIRTH CENTER 915 SOUTH ST STE J SIMPSONVILLE, SC 29681 GLENN, CYNTHIA J PH#: 864-329-0010 Fac. Cont. Email: SANDY@CAROLINAWATERBIRTH.	BC-0005 / 09/30/2009 Greenville / Sole Proprietorship 915 SOUTH ST STE J SIMPSONVILLE, SC 29681 CYNTHIA J GLENN	3

## Totals For Facility/License Type Birthing Center

Number of Activities/Facilities licensed:	2	Number Licensed Units	5
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County: Greenville

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
PURPLE HAZE- GREENVILLE 493 SOUTH PLEASANTBURG DR GREENVILLE, SC 29607 PILGRIM, WENDY L PH#: 864-232-5569 <b>Fac. Cont. Email:</b> WENDY327@MSN.COM	BP-0197 / 10/31/2009 Greenville / Sole Proprietorship 493 S PLEASANTBURG DR GREENVILLE, SC 29607 WENDY L PILGRIM	1
TODD'S MODS 1005 NORTH PLEASANTBURG DR GREENVILLE, SC 29607 HORTON, TODD PH#: 864-233-1568 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	BP-0176 / 01/31/2010 Greenville / Sole Proprietorship 1005 NORTH PLEASANTBURG DR GREENVILLE, SC 29607 TODD HORTON	1
WHATEVER & MORE INC 108 EAST STONE AVE GREENVILLE, SC 29609 GILLIAM, KENNETH D PH#: 864-370-8080 <b>Fac. Cont. Email:</b> WCKDSPN@YAHOO.COM	BP-0177 / 02/28/2009 (Renewal Pending) Greenville / Corporation 108 EAST STONE AVE GREENVILLE, SC 29609 WHATEVER & MORE INC	1
WHATEVER IIII 1178 WOODRUFF RD STE 10, WOODRUFF GALLERY GREENVILLE, SC 29607 GILLIAM, SON G PH#: 864-329-1008 <b>Fac. Cont. Email:</b> WCKDSPN@YAHOO.COM	BP-0161 / 01/31/2009 (Renewal Pending) Greenville / Sole Proprietorship 1178 WOODRUFF RD STE 10, WOODRUFF GALLERY GREENVILLE, SC 29607 SON C GILLIAM	1

## Totals For Facility/License Type Body Piercing

Number of Activities/Facilities licensed: 
Number Licensed Units

## Division of Health Licensing

County: Greenville

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BAYBERRY OF GREER 309 NORTHVIEW DR GREER, SC 29651 WAYNICK, CAROLE K PH#: 864-848-1935 Fac. Cont. Email:RHUNTER@RCDI.WS	CRC-0595 / 07/31/2009 Greenville / Limited Liability Limited Partnership 309 NORTHVIEW DR GREER, SC 29651 EVERGREEN VILLAGES LIMITED PARTNERSHIP	23

## Certifications:Alzheimer Care

BELLAIRE PLACE 23 SOUTHPOINTE DR GREENVILLE, SC 29607 TURNER III, THOMAS P PH#: 864-675-0220 Fac. Cont. Email:GREENVILLEBG.ED@SUNRISESENIORLIVING.COM	CRC-1335 / 09/30/2009 Greenville / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121 EMERITUS CORPORATION	162
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## Certifications:None

BRIGHTON GARDENS OF GREENVILLE 1306 PELHAM RD GREENVILLE, SC 29615 TOWERY, AL M PH#: 864-286-6600 Fac. Cont. Email:No Fac Cont. email on record	CRC-1140 / 01/30/2010 Greenville / Corporation 1306 PELHAM RD GREENVILLE, SC 29615 SUNRISE SENIOR LIVING SERVICES INC	119
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## Certifications:Alzheimer Unit, Alzheimers Care

CARRIAGE HOUSE OF TAYLORS INC 402 W MAIN ST TAYLORS, SC 29687-0000 PH#: Fac. Cont. Email:No Fac Cont. email on record	CRC-0978 / 02/28/2010 Greenville / Corporation 402 W MAIN ST TAYLORS, SC 29687 CARRIAGE HOUSE OF TAYLORS INC	44
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## Certifications:None

E M WILLIAMS COMMUNITY CARE HOME #2 115 SUMNER ST GREENVILLE, SC 29601-0000 HALLUMS, ELIZABETH A PH#: 864-233-4899 Fac. Cont. Email:No Fac Cont. email on record	CRC-0607 / 11/30/2009 Greenville / Sole Proprietorship PO BOX 6025 STATION B GREENVILLE, SC 29606 ELIZABETH ANN HALLUMS	8
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## Certifications:None

E M WRIGHT CARE CENTER 120 ARLINGTON AVE GREENVILLE, SC 29601 WRIGHT, ESSIE PH#: 864-235-4936 Fac. Cont. Email:No Fac Cont. email on record	CRC-0745 / 12/31/2002 (Renewal Pending) Greenville / Sole Proprietorship 120 ARLINGTON AVE GREENVILLE, SC 29601 ESSIE M WRIGHT	6
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## Certifications:None

County: Greenville

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>E M WRIGHT CARE CENTER #2</b> 3 S LEACH ST GREENVILLE, SC 29601 WRIGHT, ESSIE M PH#: 864-235-4971 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1150 / 08/17/2000 (Renewal Pending) Greenville / Sole Proprietorship PO BOX 492 GREENVILLE, SC 29602-0492 ESSIE M WRIGHT	26
<b>Certifications:None</b>		
<b>FOUNTAINSIDE ELDERCARE INN</b> 709 QUILLEN AVE FOUNTAIN INN, SC 29644 PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1321 / 12/31/2008 (Renewal Pending) Greenville / Ltd. Liability PO BOX 805 FOUNTAIN INN, SC 29644 FOUNTAINSIDE PROPERTIES LLC	78
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>GARDENS AT EASTSIDE</b> 275 COMMONWEALTH DR GREENVILLE, SC 29615 FORD, JANE A PH#: 864-329-1200 <b>Fac. Cont. Email:</b> JHARPER@ARBORCOMPANY.COM	CRC-1222 / 08/31/2009 Greenville / Ltd. Liability 275 COMMONWEALTH DR GREENVILLE, SC 29615 EASTSIDE ASSISTED LIVING L L C	83
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>GREENVILLE COMMUNITY RESIDENCE</b> 158 CAVALIER DR GREENVILLE, SC 29606-7467 WOJACK, DAVID C PH#: 864-277-0584 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0073 / 03/31/2010 Greenville / State PO BOX 17467 GREENVILLE, SC 29606-8467 GREENVILLE COUNTY DISABILITIES & SPECIAL NEEDS BOARD	12
<b>Certifications:None</b>		
<b>GREENVILLE GLEN</b> 1101 GARLINGTON RD GREENVILLE, SC 29615 CONNELLY, REATHA L PH#: 864-627-8700 <b>Fac. Cont. Email:</b> MANNINGHOUSE@ALCCO.COM	CRC-0887 / 12/31/2009 Greenville / Limited Liability  BEACON PULLIAM LLC	44
<b>Certifications:None</b>		
<b>GREENVILLE PLACE</b> 2006 PELHAM RD GREENVILLE, SC 29615 PIZZOLA, KITTY J PH#: 864-288-3331 <b>Fac. Cont. Email:</b> GPED@CHARTERINTERNET.COM	CRC-1402 / 11/30/2009 Greenville / Corporation 2006 PELHAM RD GREENVILLE, SC 29615 CSL LEASECO INC	153
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		



## Division of Health Licensing

County: Greenville

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>GREER COMMUNITY RESIDENCE</b> 112 S BEVERLY LN GREER, SC 29651-1738 MORTON, TAMARA L PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0237 / 09/30/2009 Greenville / State PO BOX 17467 GREENVILLE, SC 29606 GREENVILLE COUNTY DISABILITIES & SPECIAL NEEDS BOARD	12
<b>Certifications:None</b>		
<b>GREGORY'S COMMUNITY CARE #5 - MALONE HOUSE</b> 2413 FORK SHOALS RD PIEDMONT, SC 29673 GREGORY, JOYCE C PH#: 864-277-2269 <b>Fac. Cont. Email:</b> LGRIKARD@HOTMAIL.COM	CRC-0558 / 01/31/2010 Greenville / Sole Proprietorship PO BOX 637 SIMPSONVILLE, SC 29681 JOYCE C GREGORY	10
<b>Certifications:None</b>		
<b>GREGORY'S COMMUNITY CARE #6 - HOWELL HOUSE</b> 2409 FORK SHOALS RD PIEDMONT, SC 29673 GREGORY, JOYCE C PH#: 864-277-1852 <b>Fac. Cont. Email:</b> LGRIKARD@HOTMAIL.COM	CRC-0556 / 01/31/2010 Greenville / Sole Proprietorship PO BOX 637 SIMPSONVILLE, SC 29681 JOYCE C GREGORY	10
<b>Certifications:None</b>		
<b>GREGORY'S COMMUNITY CARE #7 - CRAVEN HOUSE</b> 10 FERGUESON RD PIEDMONT, SC 29673 GREGORY, JOYCE C PH#: 864-277-0996 <b>Fac. Cont. Email:</b> LGRIKARD@HOTMAIL.COM	CRC-0555 / 01/31/2010 Greenville / Sole Proprietorship PO BOX 637 SIMPSONVILLE, SC 29681 JOYCE C GREGORY	10
<b>Certifications:None</b>		
<b>GREGORY'S COMMUNITY CARE #8 - METZ HOUSE</b> 18 FERGERSON RD PIEDMONT, SC 29673 GREGORY, OYCE C PH#: 864-277-8506 <b>Fac. Cont. Email:</b> LGRIKARD@HOTMAIL.COM	CRC-0557 / 01/31/2010 Greenville / Sole Proprietorship PO BOX 637 SIMPSONVILLE, SC 29681 JOYCE C GREGORY	10
<b>Certifications:None</b>		
<b>HAVEN IN THE VILLAGE AT CHANTICLEER</b> 355 BERKMANS LN GREENVILLE, SC 29605 BUSH, CARSON PH#: 864-467-0031 <b>Fac. Cont. Email:</b> CBUSH@SENIORLIVINGNOWCOM	CRC-1244 / 08/31/2009 Greenville / Ltd. Liability 355 BERKMANS LN GREENVILLE, SC 29605 RSL/HAVEN/GREENVILLE LLC	60
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		

## Division of Health Licensing

County: Greenville

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>HAWTHORNE INN AT GREENVILLE ASSISTED LIVING COMMUNITY</b> 20 HAWTHORNE PARK CT GREENVILLE, SC 29615 WINFIELD, JUDY A PH#: 864-288-6775 <b>Fac. Cont. Email:</b> ADMINGVILLE@CHARTERINTERNET.NET	CRC-1396 / 06/30/2009 Greenville / Ltd. Liability 3723 FAIRVIEW INDUSTRIAL DR SE, STE 270 SALEM, OR 97302 GREENVILLE SENIOR LIVING LLC	68
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>HOMWOOD RESIDENCE AT CLEVELAND PARK</b> 12 BOYCE AVE GREENVILLE, SC 29601 TEEL PHD, ELIZABETH L PH#: 864-250-1188 <b>Fac. Cont. Email:</b> KBOWMAN@ARCLP.COM	CRC-1398 / 07/31/2009 Greenville / Ltd. Liability 12 BOYCE AVE GREENVILLE, SC 29601 ARC CLEVELAND PARK LLC	115
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>MANNING HOUSE</b> 10 COMPANION CT GREER, SC 29651-0000 RIGSBEE, SYLVIA A PH#: 864-989-0707 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1407 / 10/31/2009 Greenville / Corporation 10 COMPANION CT GREER, SC 29651 ASSISTED LIVING CONCEPTS INC	44
<b>Certifications:Alzheimer Care</b>		
<b>MCKINNEY HOUSE</b> 307 MILLER RD MAULDIN, SC 29662 MAY, HOLLY J PH#: 864-297-5044 <b>Fac. Cont. Email:</b> HJM34@SCDMH.ORG	CRC-0778 / 07/31/2009 Greenville / State 307 MILLER RD MAULDIN, SC 29662 PIEDMONT CENTER FOR MENTAL HEALTH SERVICES	10
<b>Certifications:None</b>		
<b>OAKLEAF VILLAGE AT THORNBLADE</b> 1560 THORNBLADE BLVD GREER, SC 29650 CURE, CANDY D PH#: 864-968-1277 <b>Fac. Cont. Email:</b> CCURE@ROYALOAKLEAF.COM	CRC-1330 / 10/31/2009 Greenville / Ltd. Liability 1560 THORNBLADE BLVD GREER, SC 29650 RSC GREENVILLE L L C	100
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>PENDLETON MANOR</b> 414 SUMMIT DR GREENVILLE, SC 29609 CARRION, MARY M PH#: 864-271-7562 <b>Fac. Cont. Email:</b> MCARRYON@AOL.COM	CRC-1455 / 08/31/2009 Greenville / Ltd. Liability 414 SUMMIT DR GREENVILLE, SC 29609 GREENVILLE RETIREMENT PROPERTIES LLC	65
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		

## Division of Health Licensing

County: Greenville

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
RIDGEVIEW COMMUNITY CARE HOMES INC UNIT A 217 CHANDLER RD GREER 29651 DAUGHERTY, PATRICIA L PH#: 864-877-8599 Fac. Cont. Email:RIDGEVIEW1@MSN.COM	CRC-0559 / 01/31/2010 Greenville / Corporation 217 CHANDLER RD GREER, SC 29651 RIDGEVIEW COMMUNITY CARE HOMES INC	11
Certifications:None		
RIDGEVIEW COMMUNITY CARE HOMES INC UNIT B 217 CHANDLER RD GREER 29651 DAUGHERTY, PATRICIA L PH#: 864-877-8599 Fac. Cont. Email:RIDGEVIEW1@MSN.COM	CRC-0560 / 01/31/2010 Greenville / Corporation 217 CHANDLER RD GREER, SC 29651 RIDGEVIEW COMMUNITY CARE HOMES INC	10
Certifications:None		
RIDGEVIEW COMMUNITY CARE HOMES INC UNIT C 217 CHANDLER RD GREER 29651 DAUGHERTY, PATRICIA L PH#: 864-877-8599 Fac. Cont. Email:RIDGEVIEW1@MSN.COM	CRC-0561 / 01/31/2010 Greenville / Corporation 217 CHANDLER RD GREER, SC 29651 RIDGEVIEW COMMUNITY CARE HOMES INC	11
Certifications:None		
RIDGEVIEW COMMUNITY CARE HOMES INC UNIT D 217 CHANDLER RD GREER 29651 DAUGHERTY, PATRICIA L PH#: 864-877-8599 Fac. Cont. Email:RIDGEVIEW1@MSN.COM	CRC-0562 / 01/31/2010 Greenville / Corporation 217 CHANDLER RD GREER, SC 29651 RIDGEVIEW COMMUNITY CARE HOMES INC	11
Certifications:None		
ROLLING GREEN VILLAGE ASSISTED LIVING FACILITY 1 HOKE SMITH BLVD GREENVILLE, SC 29 CAMPBELL, TAMERYN A PH#: 864-213-4222 Fac. Cont. Email:No Fac Cont. email on record	CRC-0573 / 03/31/2010 Greenville / Corporation 1 HOKE SMITH BLVD GREENVILLE, SC 29615 GREENVILLE BAPTIST RETIREMENT COMMUNITY INC	74
Certifications:Alzheimer Unit		
SHEPHERD'S CARE CENTER LLC 2100 NORTH PLEASANTBURG DR GREENVILLE, SC 29609 THOMPSON, ERIC M PH#: 864-322-6212 Fac. Cont. Email:No Fac Cont. email on record	CRC-1326 / 10/31/2009 Greenville / Ltd. Liability 2100 NORTH PLEASANTBURG DR GREENVILLE, SC 29609 SHEPHERD'S CARE CENTER LLC	90
Certifications:Alzheimer Unit, Alzheimers Care		

County: Greenville

## Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>SHERMAN RESIDENTIAL CARE</b> 20 MAYFIELD ST GREENVILLE, SC 29601-0000 SHERMAN, OLISE S PH#: 864-242-0401 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1070 / 03/31/2010 Greenville / Partnership 20 MAYFIELD ST GREENVILLE, SC 29601 JESSE B SHERMAN SR AND OLISE SHERMAN	16
<b>Certifications:Alzheimer Care</b>		
<b>SOUTHERN OAKS PERSONAL CARE HOME</b> 120 ROPER MOUNTAIN RD EXT GREENVILLE, SC 29615 BOUDREAU, GAIL R PH#: 864-288-3271 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-0611 / 12/31/2009 Greenville / Corporation 120 ROPER MOUNTAIN RD EXT GREENVILLE, SC 29615 EASTSIDE MANOR INC	64
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>SPRINGS AT SIMPSONVILLE</b> 214 E CURTIS ST SIMPSONVILLE, SC 29681 DEWITT, JAMES A PH#: 864-962-8570 <b>Fac. Cont. Email:</b> JIMD@CARAVITA.COM	CRC-1198 / 05/31/2009 Greenville / Ltd. Liability 214 E CURTIS ST SIMPSONVILLE, SC 29681 CURTIS GROUP L L C	69
<b>Certifications:Alzheimer Unit, Alzheimers Care</b>		
<b>STERLING HOUSE OF GREENVILLE</b> 2010 BRUSHY CREEK RD GREER, SC 29650 CINTRON, CONNIE S PH#: 864-244-9994 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	CRC-1306 / 12/31/2009 Greenville / Corporation 2010 BRUSHY CREEK RD GREER, SC 29650 BROOKDALE SENIOR LIVING COMMUNITIES INC	52
<b>Certifications:Alzheimer Care</b>		
<b>WINDSOR HOUSE GREENVILLE</b> 1931 PELHAM RD GREENVILLE, SC 29615 POLLARD JR, JOE W PH#: 864-288-9450 <b>Fac. Cont. Email:</b> JPOLLARD212@AOL.COM	CRC-1388 / 07/31/2009 Greenville / Ltd. Liability 1931 PELHAM RD GREENVILLE, SC 29615 WHG ASSISTED LIVING LLC	50
<b>Certifications:None</b>		

## Totals For Facility/License Type Community Residential Care Facility

Number of Activities/Facilities licensed: 35 Number Licensed Units 1,730

County: Greenville

Facility Type: Freestanding or Mobile Tech.

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Addres	
Administrator/Phone	Licensee	
CAROLINAS CLINICAL P E T INSTITUTE	FSMT-0017 / 02/28/2010	1
200 ANDREWS ST STE 100	Greenville / Ltd. Liability	
GREENVILLE, SC 29605	200 ANDREWS ST STE 100	
ADDINGTON, PAULA J PH#: 864-527-8500	GREENVILLE, SC 29601	
Fac. Cont. Email: No Fac Cont. email on record	ONCOLOGY AND HEMATOLOGY ASSOCIATES OF SOUTH CAROLINA LLC	

Totals For Facility/License Type Freestanding or Mobile Tech.

Number of Activities/Facilities licensed:  Number Licensed Units

## Division of Health Licensing

County: Greenville

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CIVITAN COMMUNITY RESIDENCE</b> 1820 RIDGE RD GREENVILLE, SC 29607-4704 PORTER, YOLANDA PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0113 / 12/31/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
<b>FOUNTAIN INN COMMUNITY RESIDENCE</b> 105 OLD FAIRVIEW RD FOUNTAIN INN, SC 29644 FIELDS, ALBERT PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0197 / 06/30/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	12
<b>HUGHES STREET COMMUNITY RESIDENCE</b> 104 HUGHES ST FOUNTAIN INN, SC 29644 FIELDS, ALBERT PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0201 / 06/30/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
<b>MARIAN PARKINS COMMUNITY RESIDENCE I</b> 103 KERNS AVE GREENVILLE, SC 29609 GRUBEL, ALICIA PH#: 864-232-0282 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0150 / 05/31/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
<b>MARIAN PARKINS COMMUNITY RESIDENCE II</b> 518 PICKETT ST GREENVILLE, SC 29609 GRUBEL, ALICIA PH#: 864-232-0595 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0149 / 05/31/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8
<b>RIDGE ROAD RESIDENCE</b> 1810 RIDGE RD GREENVILLE, SC 29607-4704 PORTER, YOLANDA PH#: <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0176 / 09/30/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	12
<b>TRAVELERS REST COMMUNITY RESIDENCE</b> 252 LITTLE TEXAS RD TRAVELERS REST, SC 29690 PATTON, GLORIA PH#: 864-834-9526 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	MR15-0222 / 06/30/2009 Greenville / State PO BOX 4706 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS	8

## Totals For Facility/License Type Habilitation R15

Number of Activities/Facilities licensed: 
Number Licensed Units

## Division of Health Licensing

County: Greenville

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ALERE WOMEN'S AND CHILDREN'S HEALTH LLC-PIEDMONT 25 WOOD LAKE STE 329 GREENVILLE, SC 29607 FLOOD, LYNNE PH#: 864-359-9640 Fac. Cont. Email:FERN_MATTHEWS@MATRIA.COM	HHA-0128 / 03/31/2010 Greenville / Corporation 1850 PKWY PL MARIETTA, GA 30067 ALERE LLC	33
Counties Served Abbeville, Allendale, Anderson, Bamberg, Barnwell, Calhoun, Cherokee, Chester, Chesterfield, Clarendon, Darlington, Dillon, Edgefield, Florence, Greenville, Greenwood, Hampton, Horry, Jasper, Laurens, Lee, Marion, Marlboro, McCormick, Oconee, Orangeburg, Pickens, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
License Restrictions RESTRICTED TO OBSTETRICAL PATIENTS ONLY		
Physical Therapy N Speech Therapy:N Occupational Therapy N Med. Social Services Y Home Health Aid: N Medical Supplies/Appliances/Durable Medical Equipment N		
Other:		
CAROLINA HOME HEALTH CARE GREENVILLE 430 ROPER MOUNTAIN RD STE E-1 GREENVILLE, SC 29615-0000 CHANDLER, TERESA S PH#: 864-297-5711 Fac. Cont. Email:TERESA.CHANDLER@GENTIVA.COM	HHA-0158 / 01/31/2010 Greenville / Corporation 430 ROPER MOUNTAIN RD STE E-1 GREENVILLE, SC 29615 CAPITAL CARERESOURCES OF SOUTH CAROLINA INC	8
Counties Served Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union		
License Restrictions		
Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N		
Other:		
GREENVILLE HOSPITAL SYSTEM HOME HEALTH AGENCY 255 ENTERPRISE BLVD STE 120 GREENVILLE, SC 29615 WOODS, LANDACE PH#: 864-454-8046 Fac. Cont. Email:LWOODS@GHS.ORG	HHA-0020 / 06/30/2009 Greenville / District PLANNING DEPT - ISC 3RD FLOOR, 701 GROVE RD GREENVILLE, SC 29605 GREENVILLE HOSPITAL SYSTEM	2
Counties Served Greenville, Pickens		
License Restrictions		
Physical Therapy Y Speech Therapy:Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y		
Other: NUTRITIONAL SERVICES (NO DME)		

County: Greenville

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
INTERIM HEALTHCARE OF GREENVILLE INC 16 HYLAND RD GREENVILLE, SC 29615-0000 SCHROEDER, RAYMOND R PH#: 864-627-1200 Fac. Cont. Email: RAYSCHROEDER@HOMENURSING.COM	HHA-0057 / 06/30/2009 Greenville / Corporation 16 HYLAND RD GREENVILLE, SC 29615 INTERIM HEALTHCARE OF GREENVILLE INC	6
Counties Served Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		
ST FRANCIS HOSPITAL HOME CARE 131 COMMONWEALTH DR STE 230 GREENVILLE, SC 29615 POPE, BENITA PH#: 864-233-5300 Fac. Cont. Email: BPOPE@STFRANCISHEALTH.ORG	HHA-0167 / 12/31/2009 Greenville / Corporation 131 COMMONWEALTH DR STE 230 GREENVILLE, SC 29601 ST FRANCIS HOSPITAL INC	4
Counties Served Anderson, Greenville, Pickens, Spartanburg License Restrictions Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N Other:		

## Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed:	5	Number Licensed Units	53
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County: Greenville

## Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
MCCALL HOSPICE HOUSE OF GREENVILLE 1836 W GEORGIA RD SIMPSONVILLE, SC 29680 ROGERS, JAMES A PH#: 864-688-1700 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPF-0010 / 07/31/2009 Greenville / Corporation 113 MILLS AVE GREENVILLE, SC 29605 ST FRANCIS HOSPITAL INC	30

## Totals For Facility/License Type Hospice Facility

Number of Activities/Facilities licensed:	1	Number Licensed Units	30
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## Division of Health Licensing

County: Greenville

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>ABUNDANT LIFE HOSPICE</b> 250 SOUTH PLEASANTBURG DR GREENVILLE, SC 29607 GIACOMETTI, TAMMY PH#: 864-370-9707 <b>Fac. Cont. Email:</b> TISHAFRY@YAHOO.COM	HPC-0120 / 02/28/2009 (Renewal Pending) Greenville / Ltd. Liability 112 CANTERFIELD RD COLUMBIA, SC 29212 ABUNDANT LIFE HEALTHCARE LLC	46
<b>Counties Served</b> Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York		
<b>CARIS HEALTHCARE GREENVILLE</b> 208 ADLEY WAY GREENVILLE, SC 29607 ANDREJZCHICK, MARSHA PH#: 864-297-7444 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPC-0131 / 12/31/2009 Greenville / Ltd. Liability 208 ADLEY WAY GREENVILLE, SC 29607 NHC HOSPICE SOUTH CAROLINA LLC	39
<b>Counties Served</b> Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Laurens, Lee, Lexington, Marion, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Williamsburg		
<b>GENTIVA HOSPICE</b> 430 ROPER MOUNTAIN RD STE E GREENVILLE, SC 29615-4243 MCCLINTON, REBECCA PH#: 864-329-0588 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HPC-0103 / 02/28/2010 Greenville / Ltd. Liability 12900 FOSTER ST STE 400 OVERLAND PARK, KS 66213 WIREFRASS HOSPICE OF SOUTH CAROLINA LLC	24
<b>Counties Served</b> Anderson, Calhoun, Cherokee, Chester, Darlington, Fairfield, Florence, Greenville, Greenwood, Kershaw, Lancaster, Laurens, Lee, Lexington, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, York		
<b>HEARTLAND HOSPICE SERVICES-GREENVILLE</b> 421 S E MAIN ST, STE 100 SIMPSONVILLE, SC 29681 KEITT, SUSAN T PH#: 864-329-0588 <b>Fac. Cont. Email:</b> MELISSA.MANESS@GENTIVA.COM	HPC-0137 / 12/31/2009 Greenville / Limited Liability 421 SE MAIN ST STE 100 SIMPSONVILLE, SC 29681 HEARTLAND HOSPICE SERVICES LLC	11
<b>Counties Served</b> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, Newberry, Oconee, Pickens, Spartanburg, Union		

County: Greenville

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
JOURNEY HOSPICE OF SOUTH CAROLINA LLC 420 THE PKWY STE N GREER, SC 29651 REYNOLDS, PHYLLIS P PH#: 864-678-4733 Fac. Cont. Email:ED.PEEL@RICECENT.COM	HPC-0122 / 04/30/2010 Greenville / Ltd. Liability 1715 AARON BRENNER DR STE 701 MEMPHIS, TN 38120 JOURNEY HOSPICE OF SOUTH CAROLINA LLC	46
Counties Served	Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York	
MEDI HOME HOSPICE OF GREENVILLE 213 E BUTLER RD STE D1 MAULDIN, SC 29662 MCCLAIN, EDNA PH#: 864-627-4270 Fac. Cont. Email:EMCCLAIN@MSA-CORP.COM	HPC-0088 / 06/30/2009 Greenville / Corporation PO BOX 1928 LEXINGTON, SC 29071-1928 TRI COUNTY HOSPICE INC	18
Counties Served	Abbeville, Anderson, Cherokee, Chester, Edgefield, Fairfield, Greenville, Greenwood, Lancaster, Laurens, McCormick, Newberry, Oconee, Pickens, Saluda, Spartanburg, Union, York	
OPEN ARMS HOSPICE 1836 W GEORGIA RD SIMPSONVILLE, SC 29680 ROGERS, JAMES A PH#: 864-688-1700 Fac. Cont. Email:JROGERS@STFRANCISHEALTH.ORG	HPC-0063 / 12/31/2009 Greenville / Corporation 1836 W GEORGIA RD SIMPSONVILLE, SC 29680 ST FRANCIS HOSPITAL INC	5
Counties Served	Anderson, Greenville, Laurens, Pickens, Spartanburg	
SOUTHERNCARE - GREENVILLE/SPARTANBURG 6000 PELHAM RD STE B GREENVILLE, SC 29615 RANCOURT, DIANE L PH#: 864-351-0740 Fac. Cont. Email:No Fac Cont. email on record	HPC-0083 / 02/28/2010 Greenville / Corporation 6000 PELHAM RD STE B GREENVILLE, SC 29615 SOUTHERNCARE INC	10
Counties Served	Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, Oconee, Pickens, Spartanburg, Union	
VISTACARE 15 BRENDAN WAY STE 100 GREENVILLE, SC 29615 MILLER, ANNETTE PH#: 864-297-3164 Fac. Cont. Email:No Fac Cont. email on record	HPC-0058 / 08/31/2009 Greenville / Corporation 717 N HARWOOD ST STE 1500 DALLAS, TX 75201 VISTACARE USA INC	8
Counties Served	Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens, Spartanburg, Union	

Totals For Facility/License Type Hospice Program

Number of Activities/Facilities licensed: 9 Number Licensed Units 207

## Division of Health Licensing

County: Greenville

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>CAROLINA CENTER FOR BEHAVIORAL HEALTH</b>		
2700 E PHILLIPS RD	HTL-0806 / 08/31/2009	89
GREER, SC 29650-4815	Greenville / Corporation	
WILLINGHAM, JOHN C PH#: 864-235-2335	2700 E PHILLIPS RD	
Fac. Cont. Email:JOHN.WILLINGHAM@UHSINC.COM	GREER, SC 29650	
	UHS OF GREENVILLE INC	
Licensed Beds: General: 0 Psychiatric: 76 Rehab: 0 Substance Abuse 13		
Other Beds NICU: 0 Neonatal Special Care 0		
<b>Certifications:JCAHO Accredited</b>		
<b>GREENVILLE MEMORIAL MEDICAL CENTER</b>		
701 GROVE RD	HTL-0343 / 12/31/2009	845
GREENVILLE, SC 29605	Greenville / District	
WHITE, SUZANNE PH#: 864-455-8400	PLANNING DEPT-ISC 3RD FLOOR, 701 GROVE RD	
Fac. Cont. Email:GHSNET.GHS.ORG/	GREENVILLE, SC 29605	
	GREENVILLE HOSPITAL SYSTEM	
Licensed Beds: General: 746 Psychiatric: 46 Rehab: 53 Substance Abuse 0		
Other Beds NICU: 12 Neonatal Special Care 44		
<b>Certifications:Trauma Center Level I, Perinatal Level III Regional, JCAHO Accredited</b>		
<b>GREER MEMORIAL HOSPITAL</b>		
830 S BUNCOMBE RD	HTL-0906 / 08/31/2009	82
GREER, SC 29650-1521	Greenville / District	
MANSURE, JOHN PH#: 864-848-8130	701 GROVE RD	
Fac. Cont. Email:No Fac Cont. email on record	GREENVILLE, SC 29605	
	GREENVILLE HOSPITAL SYSTEM	
Licensed Beds: General: 82 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		
<b>Certifications:Trauma Center Level III, Perinatal Level I</b>		
<b>HILLCREST MEMORIAL HOSPITAL</b>		
729 SE MAIN ST	HTL-0204 / 09/30/2009	43
SIMPSONVILLE, SC 29681	Greenville / District	
BURNS, DENNIS PH#: 864-454-6151	PLANNING DEPT-ISC 3RD FLOOR, 701 GROVE RD	
Fac. Cont. Email:WWW.GHS.ORG	GREENVILLE, SC 29605	
	GREENVILLE HOSPITAL SYSTEM	
Licensed Beds: General: 43 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		
<b>Certifications:JCAHO Accredited</b>		
<b>NORTH GREENVILLE HOSPITAL LONG TERM ACUTE CARE</b>		
807 N MAIN ST	HTL-0853 / 08/31/2009	45
TRAVELERS REST, SC 29690	Greenville / District	
BATCHELOR, MICHAEL PH#: 864-455-9270	PLANNING ISC - 3RD FLOOR, 701 GROVE RD	
Fac. Cont. Email:PDEVORE@GHS.ORG	GREENVILLE, SC 29605	
	GREENVILLE HOSPITAL SYSTEM	
Licensed Beds: General: 45 Psychiatric: 0 Rehab: 0 Substance Abuse 0		
Other Beds NICU: 0 Neonatal Special Care 0		
<b>Certifications:JCAHO Accredited</b>		

## Division of Health Licensing

County: Greenville

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
<b>PATEWOOD MEMORIAL HOSPITAL</b> 175 PATEWOOD DR GREENVILLE, SC 29615 JONES, SCOTT R PH#: 864-797-1083 <b>Fac. Cont. Email:</b> GHS.ORG	HTL-0900 / 06/30/2009 Greenville / District PLANNING DEPARTMENT - ISC 3RD FLOOR, 701 GROVE RD GREENVILLE, SC 29605 GREENVILLE HOSPITAL SYSTEM	72
<b>Licensed Beds: General: 72</b>	<b>Psychiatric: 0</b>	<b>Rehab: 0</b>
<b>Other Beds NICU: 0</b>	<b>Neonatal Special Care 0</b>	<b>Substance Abuse 0</b>
<b>Certifications:None</b>		
<b>REGENCY HOSPITAL OF GREENVILLE</b> ONE ST FRANCIS DR, 4TH FLOOR GREENVILLE, SC 29601 JAMES, STEPHANIE R PH#: 864-255-1401 <b>Fac. Cont. Email:</b> JSUMNEY@REGENCYHOSPITAL.COM	HTL-0882 / 12/31/2009 Greenville / Ltd. Liability 3 ST FRANCIS DR, STE #440 GREENVILLE, SC 29601 REGENCY HOSPITAL OF GREENVILLE L L C	32
<b>Licensed Beds: General: 32</b>	<b>Psychiatric: 0</b>	<b>Rehab: 0</b>
<b>Other Beds NICU: 0</b>	<b>Neonatal Special Care 0</b>	<b>Substance Abuse 0</b>
<b>Certifications:JCAHO Accredited</b>		
<b>SHRINERS' HOSPITAL FOR CHILDREN</b> 950 W FARIS RD GREENVILLE, SC 29605-4255 FRALEY, GARY F PH#: 864-255-7942 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HTL-0069 / 02/28/2010 Greenville / Non-Profit Corporation 950 W FARIS RD GREENVILLE, SC 29605 SHRINERS' HOSPITAL FOR CHILDREN	50
<b>Licensed Beds: General: 50</b>	<b>Psychiatric: 0</b>	<b>Rehab: 0</b>
<b>Other Beds NICU: 0</b>	<b>Neonatal Special Care 0</b>	<b>Substance Abuse 0</b>
<b>Certifications:JCAHO Accredited</b>		
<b>SPRINGBROOK BEHAVIORAL HEALTHCARE SYSTEM</b> 1 HAVENWOOD LN TRAVELERS REST, SC 29690 JACKSON, KEITH PH#: 864-834-8013 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	HTL-0442 / 08/31/2009 Greenville / Corporation PO BOX 1005 TRAVELERS REST, SC 29690 CHESTNUT HILL MENTAL HEALTH CENTER INC	20
<b>Licensed Beds: General: 0</b>	<b>Psychiatric: 20</b>	<b>Rehab: 0</b>
<b>Other Beds NICU: 0</b>	<b>Neonatal Special Care 0</b>	<b>Substance Abuse 0</b>
<b>Certifications:JCAHO Accredited</b>		

## Division of Health Licensing

County: Greenville

## Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ST FRANCIS - DOWNTOWN ONE ST FRANCIS DR GREENVILLE, SC 29601 RUTLEDGE, VALINDA R PH#: 864-255-1000 Fac. Cont. Email:VRUTLEDGE@STFRANCISHEALTH.ORG	HTL-0794 / 12/31/2009 Greenville / Corporation ONE ST FRANCIS DR GREENVILLE, SC 29601 ST FRANCIS HOSPITAL INC	245
Licensed Beds: General: 226 Psychiatric: 0 Rehab: 19 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:JCAHO Accredited		
ST FRANCIS - EASTSIDE 125 COMMONWEALTH DR GREENVILLE, SC 29615 RUTLEDGE, VALINDA R PH#: 864-255-1000 Fac. Cont. Email:VRUTLEDGE@STFRANCISHEALTH.ORG	HTL-0793 / 12/31/2009 Greenville / Corporation 125 COMMONWEALTH DR GREENVILLE, SC 29615 ST FRANCIS HOSPITAL INC	93
Licensed Beds: General: 93 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 10		
Certifications:Perinatal Level II, JCAHO Accredited		
W J BARGE MEMORIAL HOSPITAL 1700 WADE HAMPTON BLVD GREENVILLE, SC 29614-0001 SHEYS, GERALD H PH#: 864-242-5100 Fac. Cont. Email:No Fac Cont. email on record	HTL-0302 / 03/31/2010 Greenville / Non-Profit Corporation 1700 WADE HAMPTON BLVD GREENVILLE, SC 29614-0001 BOB JONES UNIVERSITY INC	79
Licensed Beds: General: 79 Psychiatric: 0 Rehab: 0 Substance Abuse 0 Other Beds NICU: 0 Neonatal Special Care 0		
Certifications:None		

## Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 12      Number Licensed Units 1,695

## County: Greenville

## Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BRIARWOOD LIVING CENTER 721 W CURTIS ST SIMPSONVILLE, SC 29681-2599 MCLEOD, CHARLES H PH#: 864-967-7191 Fac. Cont. Email:JSWIFT@HMR-LTC.COM	NCF-0900 / 09/30/2009 Greenville / Limited Liability Company (multiple member) C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 BRIARWOOD LIVING CENTER LLC	42

Licensed Beds	Nursing Home	42	Institutional Nursing Home	0
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## Certifications:None

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
BRIGHTON GARDENS BY MARRIOTT OF GREENVILLE 1306 PELHAM RD GREENVILLE, SC 29615 TOWERY, AL M PH#: 864-286-6600 Fac. Cont. Email:No Fac Cont. email on record	NCF-0785 / 02/28/2009 (Renewal Pending) Greenville / Corporation 1306 PELHAM RD GREENVILLE, SC 29615 SUNRISE SENIOR LIVING SERVICES INC	45

Licensed Beds	Nursing Home	45	Institutional Nursing Home	0
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## Certifications:None

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
COTTAGES AT BRUSHY CREEK 101 COTTAGE CREEK CIR GREER, SC 29650 NICHOLS, KAREN H PH#: 864-797-8800 Fac. Cont. Email:LPARKS@GHS.ORG	NCF-0945 / 10/31/2009 Greenville / District C/O GHS/PLANNING DEPT -ISC 3RD FLR, 701 GROVE RD GREENVILLE, SC 29605 GREENVILLE HOSPITAL SYSTEM	144

Licensed Beds	Nursing Home	144	Institutional Nursing Home	0
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## Certifications:Alzheimer Care

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
FALLS CREEK LIVING CENTER L L C 2906 GEER HWY MARIETTA, SC 29661-9517 JONES, EVELYN E PH#: 864-836-6381 Fac. Cont. Email:ADMINFALLSCREEK@HMR-LTC.COM	NCF-0920 / 05/31/2009 Greenville / Ltd. Liability PO BOX 219 MARIETTA, SC 29661 FALLS CREEK LIVING CENTER L L C	44

Licensed Beds	Nursing Home	44	Institutional Nursing Home	0
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## Certifications:None

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
FOUNTAIN INN NURSING HOME 501 GULLIVER ST FOUNTAIN INN, SC 29644 BAUGHMAN, KATHY J PH#: 864-862-2554 Fac. Cont. Email:FINH_EMAIL@YAHOO.COM	NCF-0939 / 03/31/2010 Greenville / Limited Liability PO BOX 67 FOUNTAIN INN, SC 29644 COOKE ASSOCIATES OF FOUNTAIN INN LLC	60

Licensed Beds	Nursing Home	60	Institutional Nursing Home	0
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## Certifications:None

## Division of Health Licensing

County: Greenville

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
GREENVILLE LIVING CENTER 809 LAURENS RD GREENVILLE, SC 29607-1914 GRANGER, PAUL PH#: 864-269-3725 Fac. Cont. Email:No Fac Cont. email on record	NCF-0912 / 09/30/2009 Greenville / Ltd. Liability C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR EASLEY, SC 29640 GREENVILLE LIVING CENTER L L C	79
Licensed Beds	Nursing Home	79
Institutional	Nursing Home	0
Certifications:None		
GREENVILLE MEMORIAL MEDICAL CENTER SUBACUTE UNIT 701 GROVE RD GREENVILLE, SC 29605 HEALY, STANLEY PH#: 864-455-7000 Fac. Cont. Email:WWW.GHSNET.GHS.ORG	NCF-0934 / 02/28/2010 Greenville / District PLANNING DEPT - ISC 3RD FLOOR, 701 GROVE RD GREENVILLE, SC 29605 GREENVILLE HOSPITAL SYSTEM	15
Licensed Beds	Nursing Home	15
Institutional	Nursing Home	0
Certifications:None		
LAUREL BAYE HEALTHCARE OF GREENVILLE 661 RUTHERFORD RD GREENVILLE, SC 29609 NADKARNI MS, NATASHA A PH#: 843-216-6800 Fac. Cont. Email:No Fac Cont. email on record	NCF-0805 / 04/30/2009 Greenville / Ltd. Liability 661 RUTHERFORD RD GREENVILLE, SC 29609 LAUREL BAYE HEALTHCARE OF GREENVILLE L L C	132
Licensed Beds	Nursing Home	132
Institutional	Nursing Home	0
Certifications:None		
MAGNOLIA MANOR - GREENVILLE 411 ANSEL ST GREENVILLE, SC 29601-3407 OWINGS, JANE B PH#: 864-232-5368 Fac. Cont. Email:JANE.OWINGS@THICARE.COM	NCF-0860 / 08/31/2009 Greenville / Ltd. Liability 411 ANSEL ST GREENVILLE, SC 29601-3407 THI OF SOUTH CAROLINA AT GREENVILLE L L C	99
Licensed Beds	Nursing Home	99
Institutional	Nursing Home	0
Certifications:None		
MAGNOLIA PLACE AT GREENVILLE 35 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 FARTHING, SHANNON P PH#: 864-288-1415 Fac. Cont. Email:SHANNON.FARTHING@THICARE.COM	NCF-0869 / 08/31/2009 Greenville / Ltd. Liability 35 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT GREENVILLE L L C	120
Licensed Beds	Nursing Home	120
Institutional	Nursing Home	0
Certifications:Alzheimer Care		



## Division of Health Licensing

County: Greenville

## Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
NHC HEALTHCARE GREENVILLE 1305 BOILING SPRINGS RD GREER, SC 29650-4139 MOORHOUSE, BRYAN M PH#: 864-458-7566 Fac. Cont. Email:NATIONALHEALTHCARE@CHARTER.NET	NCF-0807 / 07/31/2009 Greenville / Ltd. Liability 1305 BOILING SPRINGS RD GREER, SC 29650 NHC HEALTHCARE/GREENVILLE L L C	176
Licensed Beds    Nursing Home    176    Institutional Nursing Home    0		
Certifications:None		
NHC HEALTHCARE MAULDIN 850 E BUTLER RD GREENVILLE, SC 29607-0000 DOBSON, DEBORAH D PH#: 864-675-6421 Fac. Cont. Email:NHCMAULDIN@CHARTER.NET	NCF-0796 / 06/30/2009 Greenville / Ltd. Liability PO BOX 600 MAULDIN, SC 29662 NHC HEALTHCARE/MAULDIN LLC	180
Licensed Beds    Nursing Home    180    Institutional Nursing Home    0		
Certifications:Alzheimer Unit, Alzheimers Care		
OAKMONT EAST NURSING CENTER 601 SULPHUR SPRINGS RD GREENVILLE, SC 29617 GILSTRAP, DEBRA L PH#: Fac. Cont. Email:No Fac Cont. email on record	NCF-0952 / 12/31/2009 Greenville / Limited Liability 601 SULPHUR SPRINGS RD GREENVILLE, SC 29617 OAKMONT EAST GREENVILLE SC LLC	132
Licensed Beds    Nursing Home    132    Institutional Nursing Home    0		
Certifications:None		
OAKMONT WEST NURSING CENTER 600 SULPHUR SPRINGS RD GREENVILLE, SC 29611-1621 BYRD-BYRUM, DENA L PH#: 864-246-2721 Fac. Cont. Email:No Fac Cont. email on record	NCF-0953 / 12/31/2010 Greenville / Limited Liability 600 SULPHUR SPRINGS RD GREENVILLE, SC 29611-1621 OAKMONT WEST GREENVILLE SC LLC	125
Licensed Beds    Nursing Home    125    Institutional Nursing Home    0		
Certifications:None		
PIEDMONT LIVING CENTER 401 CHANDLER RD GREER, SC 29651-1243 HILL, JAMES PH#: 864-879-1370 Fac. Cont. Email:JSWIFT@HMR-LTC.COM	NCF-0908 / 09/30/2009 Greenville / Ltd. Liability C/O AVANTAGE HEALTH SYSTEMS, 101 GRACE DR GREER, SC 29640 PIEDMONT LIVING CENTER L L C	132
Licensed Beds    Nursing Home    132    Institutional Nursing Home    0		
Certifications:None		

## County: Greenville

## Facility Type: Nursing Home

Facility Name	License Nbr/Expiration Date	Licensed Unit
Location Street	County/Ownership Typ	
Location City, State	Mailing/Billing Address	
Administrator/Phone	Licensee	

ROLLING GREEN VILLAGE HEALTH CARE FACILITY	NCF-0456 / 10/31/2009	44
1 HOKE SMITH BLVD	Greenville / Corporation	
GREENVILLE, SC 29	1 HOKE SMITH BLVD	
KRUEGER, JESSICA L PH#: 864-987-9800	GREENVILLE, SC 29615	
<b>Fac. Cont. Email:</b> JESSICAKRUEGER@ROLLINGGREENVILLAGE.COM	GREENVILLE BAPTIST RETIREMENT COMMUNITY INC	

Licensed Beds	Nursing Home	10	Institutional Nursing Home	34
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## Certifications:None

SUMMIT PLACE LIVING CENTER	NCF-0905 / 09/30/2009	132
807 SE MAIN ST	Greenville / Ltd. Liability	
SIMPSONVILLE, SC 29681-0000	C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR	
CAJKA, AMY PH#: 864-963-6069	EASLEY, SC 29640	
<b>Fac. Cont. Email:</b> JSWIFT@HMR-LTC.COM	SUMMIT PLACE LIVING CENTER L L C	

Licensed Beds	Nursing Home	132	Institutional Nursing Home	0
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## Certifications:None

WESTSIDE LIVING CENTER	NCF-0903 / 09/30/2009	132
8 N TEXAS AVE	Greenville / Ltd. Liability	
GREENVILLE, SC 29611-5034	C/O ADVANTAGE HEALTH SYSTEMS, 101 GRACE DR	
BYINGTON, HEATHER PH#: 864-295-1331	EASLEY, SC 29640	
<b>Fac. Cont. Email:</b> JSWIFT@HMR-LTC.COM	WESTSIDE LIVING CENTER L L C	

Licensed Beds	Nursing Home	132	Institutional Nursing Home	0
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## Certifications:None

## Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:	18	Number Licensed Units	1,833
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County: Greenville

Facility Type: PSAD Inpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
PHOENIX CENTER BEHAVIORAL HEALTH SERVICES (OUTPATIENT) 1400 CLEVELAND ST GREENVILLE 29607 VINSON, GWEN J PH#: 864-467-3770 <b>Fac. Cont. Email:</b> GVINSON@PHOENIXCENTER.ORG	ITP-0024 / 05/31/2009 Greenville / County PO BOX 1948 GREENVILLE, SC 29602-1948 GREENVILLE COUNTY COMMISSION OF ALCOHOL & DRUG ABUSE	16
<b>Licensed Beds Medical Detox</b> 16 <b>Social Detox:</b>	<b>0 Res. Trestment Program</b> 0	
SERENITY PLACE 6 DUNEAN ST GREENVILLE, SC 29611 MCMICHAEL, WANDA PH#: 864-467-3751 <b>Fac. Cont. Email:</b> RLEE@PHOENIXCENTER.ORG	ITP-0011 / 05/31/2009 Greenville / County PO BOX 1948 GREENVILLE, SC 29602-1948 GREENVILLE COUNTY COMMISSION OF ALCOHOL & DRUG ABUSE	16
<b>Licensed Beds Medical Detox</b> 0 <b>Social Detox:</b>	<b>0 Res. Trestment Program</b> 16	

## Totals For Facility/License Type PSAD Inpatient

Number of Activities/Facilities licensed: 
Number Licensed Units

## Division of Health Licensing

County: Greenville

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
ADDCARE COUNSELING INC 721 LOWNDES HILL RD STE C GREENVILLE, SC 29607 BRADY, ANGELA T PH#: 864-467-1319 Fac. Cont. Email:ANGELA@ADDCARECOUNSELING.COM	OTP-0083 / 12/31/2009 Greenville / Corporation 721 LOWNDES HILL RD STE C GREENVILLE, SC 29607 ADDCARE COUNSELING INC	1
Certifications:None		
DON FOSTER AND ASSOCIATES INC 104 MILLS AVE GREENVILLE, SC 29605 FOSTER, DON K PH#: 864-235-5666 Fac. Cont. Email:No Fac Cont. email on record	OTP-0051 / 03/31/2010 Greenville / Corporation 104 MILLS AVE GREENVILLE, SC 29605 DON FOSTER AND ASSOCIATES INC	2
Certifications:None		
DRUG COURT TREATMENT GROUP 305 E NORTH ST STE 320 GREENVILLE, SC 29601 EDWARDS, PATRICIA PH#: 864-467-8277 Fac. Cont. Email:PAEDWARDS@GREENVILLECOUNTY.ORG	OTP-0001 / 06/30/2009 Greenville / State 305 E NORTH ST STE 320 GREENVILLE, SC 29601 13TH CIRCUIT SOLICITORS OFFICE	2
Certifications:None		
GREENVILLE COUNTY DETENTION CENTER 20 MCGEE ST GREENVILLE, SC 29601-0000 LIVINGSTON, MARIE PH#: 864-467-2386 Fac. Cont. Email:No Fac Cont. email on record	OTP-0089 / 08/31/2009 Greenville / County 20 MCGEE ST GREENVILLE, SC 29601 GREENVILLE COUNTY COUNCIL	1
Certifications:None		
GREENVILLE METRO TREATMENT CENTER 602 AIRPORT RD STE C GREENVILLE, SC 29607-2617 JAGGERS, CATHY PH#: 864-370-0012 Fac. Cont. Email:JOANNPORTER04@EARTHLINK.NET	OTPN-0091 / 02/28/2010 Greenville / Limited Liability Limited Partnership 14050 TOWN LOOP BLVD, STE 204 ORLANDO, FL 32837 METRO TREATMENT OF SOUTH CAROLINA LP	1
Certifications:Narcotics Treatment Program, Methodone Treatment Program		
JOURNEY CENTER INC 355 WOODRUFF RD STE 104 GREENVILLE, SC 29607 HOWARD, WAYNE J PH#: 864-286-1500 Fac. Cont. Email:THEJOURNEYCENTR@AOL.COM	OTP-0065 / 06/30/2009 Greenville / Corporation PO BOX 25538 GREENVILLE, SC 29616 JOURNEY CENTER INC	1
Certifications:None		

County: Greenville

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
PHOENIX CENTER BEHAVIORAL HEALTH SERVICES (OUTPATIENT) 1400 CLEVELAND ST GREENVILLE 29607 MCLAIN, MICHAEL PH#: 864-467-3790 Fac. Cont. Email:RLEE@PHOENIXCENTER.ORG	OTP-0071 / 05/31/2009 Greenville / County PO BOX 1948 GREENVILLE, SC 29602-1948 GREENVILLE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE	1

Certifications:None

WOODLANDS TREATMENT CENTER LLC 155 BROZZINI CT STE E GREENVILLE, SC 29615 FLETCHER, KRYSTLE PH#: 864-288-7636 Fac. Cont. Email:No Fac Cont. email on record	OTPN-0077 / 06/30/2009 Greenville / Ltd. Liability 155 BROZZINI CT STE E GREENVILLE, SC 29615 WOODLANDS TREATMENT CENTER LLC	1
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Certifications:Narcotics Treatment Program

Totals For Facility/License Type PSAD Outpatient

Number of Activities/Facilities licensed:	8	Number Licensed Units	10
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## County: Greenville

## Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
DSI GREENVILLE RENAL CENTER 3 BUTTERNUT DR STE A GREENVILLE, SC 29605-4606 CARDARO, DREAMA PH#: 864-242-4320 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0169 / 03/31/2009 (Renewal Pending) Greenville / Corporation 511 UNION ST STE 1555 NASHVILLE, TN 37219 DSI RENAL INC	31
<b>Licensed Stations:</b>	<b>Hemodialysis: 30 Peritoneal: 0</b>	
DSI SIMPSONVILLE RENAL CENTER 209 N MAPLE ST, STE 12 SIMPSONVILLE, SC 29681 PEPPER, SELMA L PH#: 864-963-7275 <b>Fac. Cont. Email:</b> SPEPPER@DSI-CORP.COM	ERD-0168 / 03/31/2010 Greenville / Corporation 511 UNION ST STE 1555 NASHVILLE, TN 37219 DSI RENAL INC	12
<b>Licensed Stations:</b>	<b>Hemodialysis: 12 Peritoneal: 0</b>	
FMC SIMPSONVILLE 16 POWDERHORN RD SIMPSONVILLE, SC 29681-0000 BLACKWELL, TAMARALYN K PH#: 864-962-2222 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0127 / 03/31/2010 Greenville / Corporation 16 POWDERHORN RD SIMPSONVILLE, SC 29681 RCG UNIVERSITY DIVISION INC	21
<b>Licensed Stations:</b>	<b>Hemodialysis: 21 Peritoneal: 0</b>	
GREER KIDNEY CENTER 211 VILLAGE DR GREER, SC 29651-1238 HARRINGTON, CAROL PH#: 864-877-8005 <b>Fac. Cont. Email:</b> DARLA.SMITH@DAVITA.COM	ERD-0027 / 12/31/2009 Greenville / Corporation 5200 VIRGINIA WAY BRENTWOOD, TN 37027 UPSTATE HOME DIALYSIS	35
<b>Licensed Stations:</b>	<b>Hemodialysis: 35 Peritoneal: 0</b>	
RCG - GREENVILLE 605 S ACADEMY ST GREENVILLE, SC 29601 HEGGIE, DIANNE PH#: 864-233-9866 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0128 / 03/31/2009 (Renewal Pending) Greenville / Corporation 605 S ACADEMY ST GREENVILLE, SC 29601 RCG UNIVERSITY DIVISION INC	39
<b>Licensed Stations:</b>	<b>Hemodialysis: 39 Peritoneal: 0</b>	
RCG - GREER 3254 BRUSHY CREEK RD GREER, SC 29650 LEE, ERIC C PH#: 864-224-3599 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	ERD-0162 / 06/30/2009 Greenville / Corporation 3254 BRUSHY CREEK RD GREER, SC 29650 RCG UNIVERSITY DIVISION INC	21
<b>Licensed Stations:</b>	<b>Hemodialysis: 21 Peritoneal: 0</b>	

County: Greenville

## Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
UPSTATE DIALYSIS CENTER 308 MILLS AVE GREENVILLE 29605 GAYLE, CYNTHIA J PH#: 864-271-3700 Fac. Cont. Email: No Fac Cont. email on record	ERD-0098 / 09/30/2009 Greenville / Corporation C/O TOTAL RENAL CARE INC., 5200 VIRGINIA WAY BRENTWOOD, TN 37027 UPSTATE HOME DIALYSIS	53
Licensed Stations: Hemodialysis: 52 Peritoneal: 0		

## Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:	7	Number Licensed Units	212
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## Division of Health Licensing

County: Greenville

## Facility Type: Residential Treatment for Children &amp; Adolescents

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
EXCALIBUR YOUTH SERVICES LLC 840 SE MAIN ST SIMPSONVILLE, SC 29681 SHORT, JOHN M PH#: 864-836-7220 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	RTF-0022 / 12/31/2009 Greenville / Limited Liability PO BOX 968 TRAVELERS REST, SC 29690 EXCALIBUR YOUTH SERVICES LLC	42
MARSHALL I PICKENS HOSPITAL CHILDREN'S PROGRAM 701 GROVE RD GREENVILLE, SC 29605 GRESHAM, STEVE PH#: 864-455-7807 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	RTF-0007 / 03/31/2010 Greenville / District PLANNING DEPT - ISC 3RD FLOOR, 701 GROVE RD GREENVILLE, SC 29605-5601 GREENVILLE HOSPITAL SYSTEM	22
SPRINGBROOK BEHAVIORAL HEALTHCARE SYSTEM RTF ONE HAVENWOOD LN TRAVELERS REST, SC 29690 JACKSON, KEITH PH#: 864-834-8013 <b>Fac. Cont. Email:</b> No Fac Cont. email on record	RTF-0001 / 08/31/2009 Greenville / Corporation PO BOX 1005 TRAVELERS REST, SC 29690 CHESTNUT HILL MENTAL HEALTH CENTER INC	68

## Totals For Facility/License Type Residential Treatment for Children &amp; Adolescents

Number of Activities/Facilities licensed: 
Number Licensed Units



County: Greenville

## Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Address Licensee	Licensed Unit
PHYSICAL GRAFFITI SOUTH LLC 477 HAYWOOD RD STE G GREENVILLE, SC 29607 FALKOFF, CHARLES PH#: 864-525-8759 Fac. Cont. Email:No Fac Cont. email on record	TF-0045 / 08/31/2009 Greenville / Ltd. Liability 477 HAYWOOD RD STE G GREENVILLE, SC 29607 PHYSICAL GRAFFITI SOUTH LLC	4

## Totals For Facility/License Type Tattoo Facility

Number of Activities/Facilities licensed:	1	Number Licensed Units	4
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Number of Activities/Facilities licensed in county of Greenville	# Lics	127
Number Licensed Units :	6,163	

## Report Total

Total Number of Activities/Facilities licensed	127	Total Number Licensed Units	6,163
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